Supplementary Health Benefits -

A Conversation with Northerners

northwest territories Health and Social Services

February 2010 | www.hlthss.gov.nt.ca

Department of Health and Social Services
Box 1320
Yellowknife, NT
X1A 2L9

For more information about this document, please email
Supplementaryhealthbenefits@gov.nt.ca

or

call toll-free 1-877-481-3035

Supplementary Health Benefits – A Conversation with Northerners

1. Introduction

Many of us in the Northwest Territories are fortunate. We rarely have to think about the cost of health care. Beyond what our Health and Social Services system pays for, many of us have insurance that provides for things like dental and vision care. However, there are those amongst us that don't have this type of coverage.

This paper:

1. Explains how we pay for health care
2. Talks about the programs the Government of the Northwest Territories offers to help with these costs, and
3. Asks questions about what you think

2. How do we pay for health care in the NWT?

As permanent residents of the Northwest Territories, we are covered by the NWT Health Care Plan. This coverage is legislated by the *Canada Health Act*. Under the *Act*, provincial and territorial health insurance plans are required to provide coverage to their residents for all medically necessary hospital and physician services. You can find more about this at http://www.hc-sc.gc.ca .

These services are also called **Insured Health Benefits.**

Insured Health Benefits are services available to us without cost, as residents of the NWT. These include medically necessary services that you receive at a Clinic, Health Centre or Hospital, such as:

- lab, and x-ray tests
- drugs that you receive while in the Hospital
- standard room and meals when you are staying at the Hospital
- nursing services at the Health Centre or Hospital
- radiotherapy, occupational therapy, physiotherapy, and other services provided at approved locations

In the Northwest Territories, we are lucky to have insured services such as homecare nursing services that are beyond what is included in the *Canada Health Act*.

The Government of the Northwest Territories has no plans to change Insured Health Benefits.

Not all services related to health care are free in the Northwest Territories, or across Canada. Medical costs that are not covered by the NWT Health Care plan are called **Uninsured Health Services**, and include:

- prescription drug costs
- vision care
- Hospital charges above the standard room rate
- services that are not medically necessary, such as cosmetic surgery
- services that are considered experimental
- ambulance charges (except inter-Hospital transfers)
- dental services, other than specific procedures related to jaw injury or disease

How do we pay for Uninsured Health Services?

Different populations in the NWT pay for uninsured health services in different ways:

Aboriginal Northerners receive Non-Insured Health Benefits (NIHB) provided by the Government of Canada.

Indigenous Metis Northerners receive Metis Health Benefits provided by the Government of the NWT.

Non-Aboriginal Northerners pay for uninsured health services in up to three different ways:

- **Insurance Plans (provided by Employer)**

  These plans may be offered as part of employment, but are not a legislated part of employment in the NWT.

- **Out-of-pocket**

  Some people that may be paying directly for uninsured health services include:

  - Those of us with income, but no insurance through employment

- Those of us with conditions that are not on the list of specified conditions
- Those of us whose insurance does not cover the full cost of services
- Non-residents of the NWT

- **Extended Health Benefits (provided by GNWT)**

In the NWT, Non-Aboriginal Residents that fit under the following groups may have additional health benefits paid:

1. Seniors over the age of 60 (Seniors' Benefits Program)

2. Persons with specified medical conditions (Extended Health Benefits for Specified Medical Conditions)

3. Persons or families on or eligible for Income Assistance (Indigent Health Benefits)

3. Existing Extended Health Benefits in the NWT

There are currently three programs offered by the GNWT that support Non-Aboriginal Northerners in paying the cost of uninsured health services:

A. Seniors' Benefits Program

In the Northwest Territories, the Seniors' Benefits Program has been developed to ensure that seniors have access to the uninsured health services that they need.

Eligibility

The program is available to valid NWT Health Care cardholders over the age of 60 are eligible for the Seniors Benefits Program, if they fill in an application.

Program Coverage

Through this program, Seniors have access to:

- Prescription Drugs
- Medical Supplies and Equipment
- Limited Dental care
- Limited Vision care
- Ambulances and Medical Travel

B. Extended Health Benefits for Specified Medical Conditions

The Extended Health Benefits for Specified Medical Conditions have been developed to help individuals and families with high medical costs related to specific types of chronic illness.

Eligibility

A valid NWT Health Care cardholder identified as having an approved specified condition by their doctor, may be provided with supplementary health benefits.

Program Coverage

Benefits cover the cost of:

- Prescription Drugs
- Medical Supplies and Equipment
- Dental care
- Vision care
- Ambulances and Medical Travel

that are:

- related to their condition
- beyond what is covered by any employer or other insurance
- on the NWT formulary (a formulary is a list of approved drugs)

C. Indigent Health Benefits

The Indigent Health Benefits program exists to help Northerners with very low income, or on Income Support, to cover the cost of uninsured health services.

Eligibility

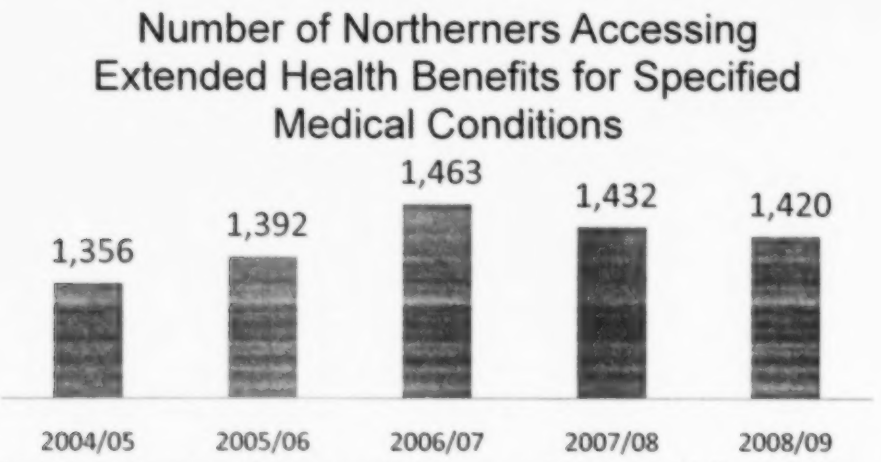
People on Income Assistance or those who are transient may be eligible for this benefit based on an income test.

Program Coverage

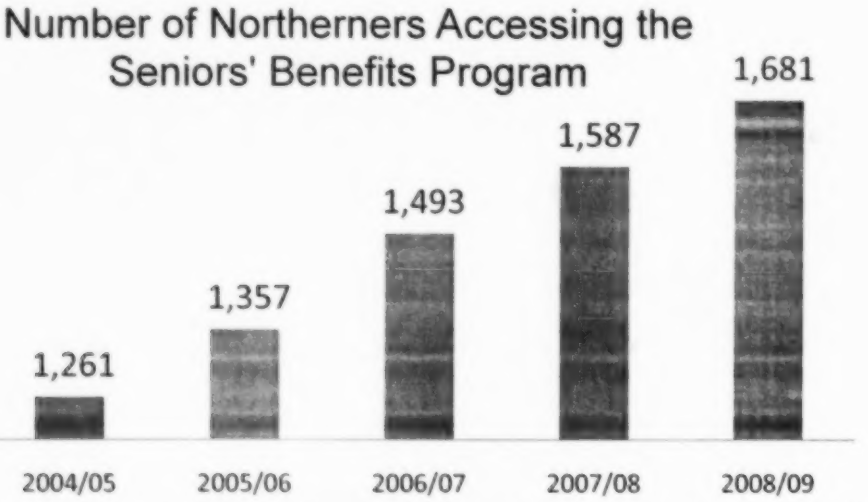
Benefits cover the cost of:

- Limited Dental
- Limited Vision
- Medical Supplies and Equipment
- Ambulances and Medical Travel
- Prescription Drugs

4. How many people are accessing these programs?



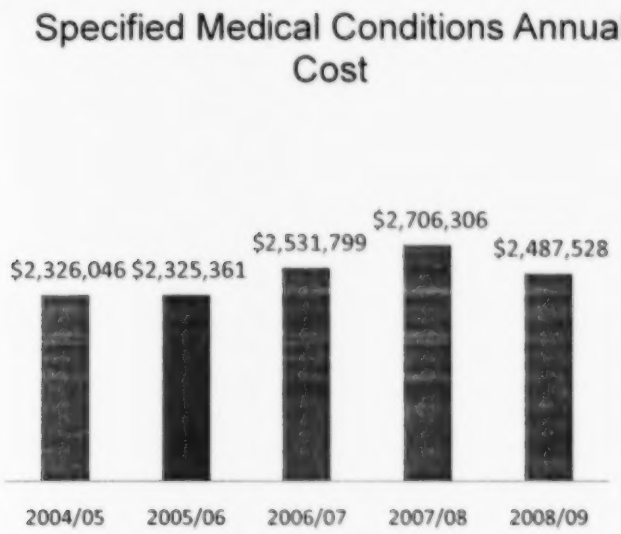
The number of northerners who access this program has been relatively stable. Enrolment has increased by an average of 1.2% per year over the past five years.



An average of 8.3% more seniors have accessed this program each year over the last 5 years. This increase reflects the growing population of seniors in the NWT.

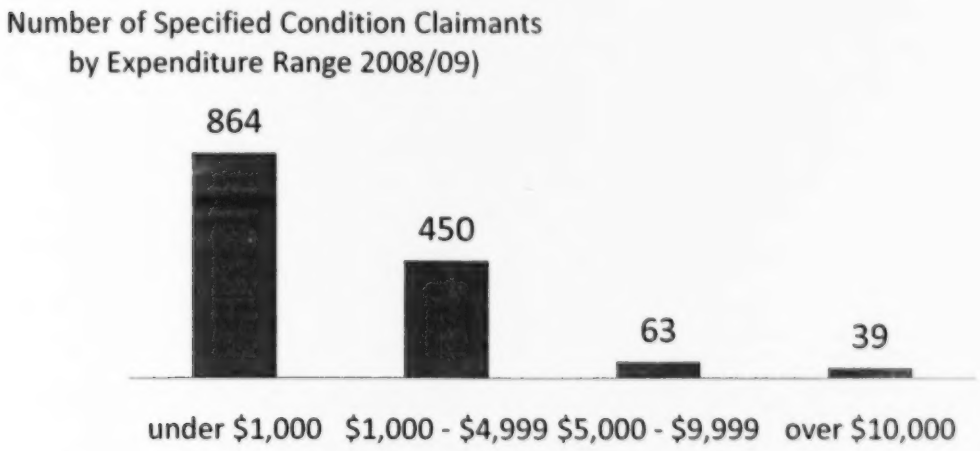
We do not have good information on the number of Northerners accessing Indigent Benefits over time, because the program is administered at the community level.

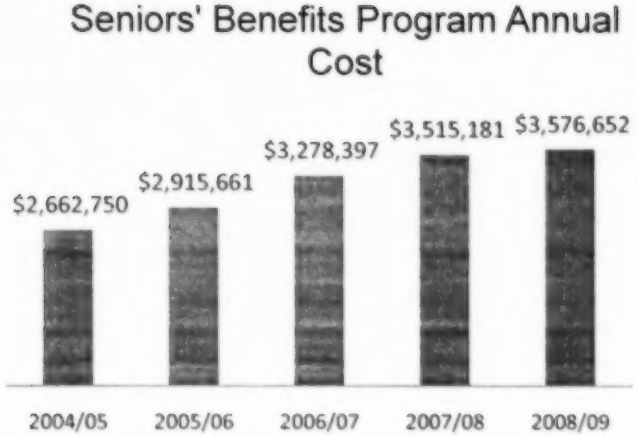
5. How much do Extended Health Benefits cost?



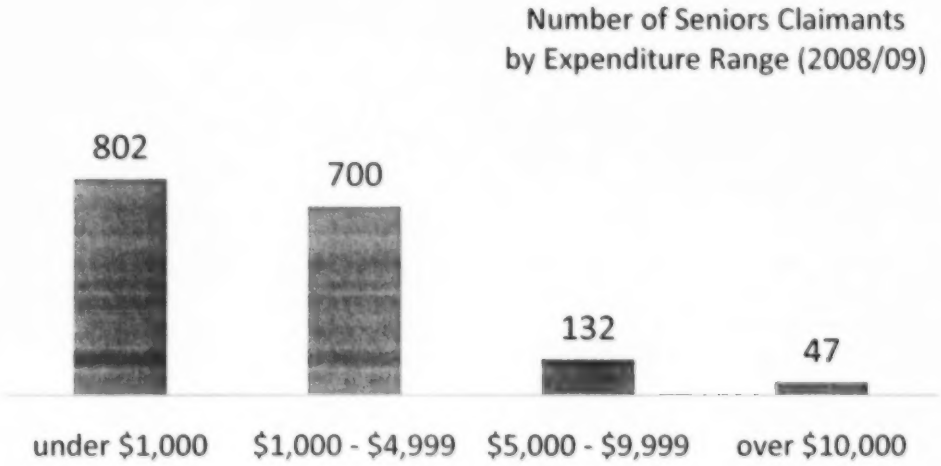
The cost of this program has increased annually at a slightly higher rate (1.7%) than the number of Northerners accessing the program.

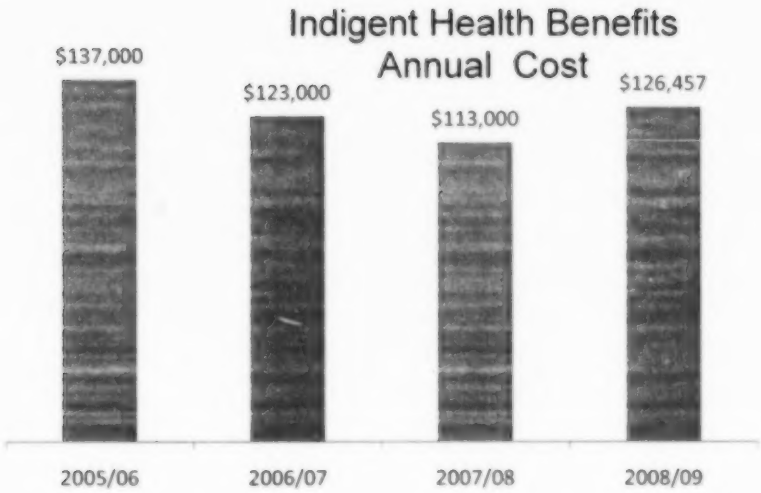
A total of 864 individuals, or 61% of claimants received less than $1,000 in benefits in 2008/2009, as can be seen on the graph below.





The cost of this program has increased annually at a rate of 8.6%.
As can be seen below, a total of 802 (48%) of claimants had less than $1,000 in benefits in 2008/2009.





Indigent Health Benefits have averaged a cost of just under $125,000 for the entire program each year for the last 4 years.

6. What do we know about who is accessing these programs?

For the first time, we have linked income, health, and claimant data confidentially in order to provide a clear picture of family relationships, income and how many people each program is helping. Personal information was used only to make only the initial link and then was then taken out of the file. This information is being used only for this project and will be destroyed when the project is complete. This was done in accordance with the requirements of the *Access to Information and Protection of Privacy Act*.

A. Extended Health Benefits for Specified Medical Conditions

Who is accessing this program?

1,420 Northerners including 136 children under the age of 19 accessed Extended Health Benefits for Specified Medical Conditions in 2008-09.

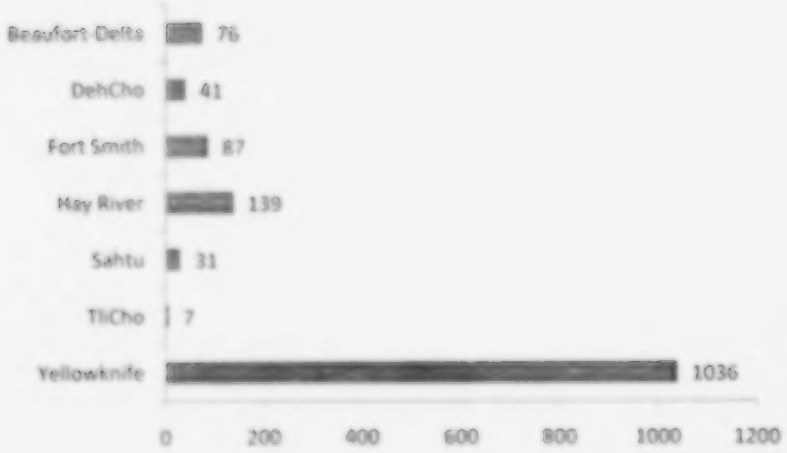
What are the most common conditions?

Based on the types of drugs claimed, the most common conditions are:

1. Diabetes
2. Asthma
3. Mental health-related conditions
4. Hypertension
5. Cancer
6. Ischemic Heart Disease
7. Osteoarthritis
8. Epilepsy
9. Crohn's Disease
10. Rheumatoid Arthritis

Where do Northerners accessing this program live?

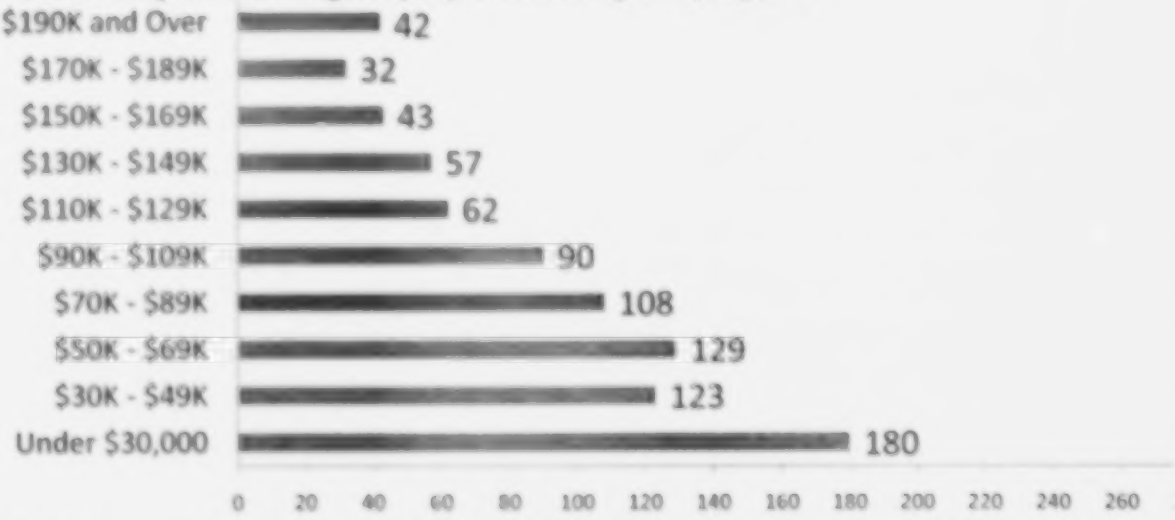
The number of Northerners accessing the Specified Medical Conditions program by Health and Social Services Authority were as follows in 2008-09:



What kinds of families are accessing these programs?

Of the adults accessing the program, about 39% were single, 32% were married without children, 23% were two-parent families, and 6% were single-parent families.

What is the family income range of people accessing this program?



About 37% of people accessing the program also had another type of insurance plan from their employer or another source. Individuals claiming benefits must first seek reimbursement from their own insurance if they have it.

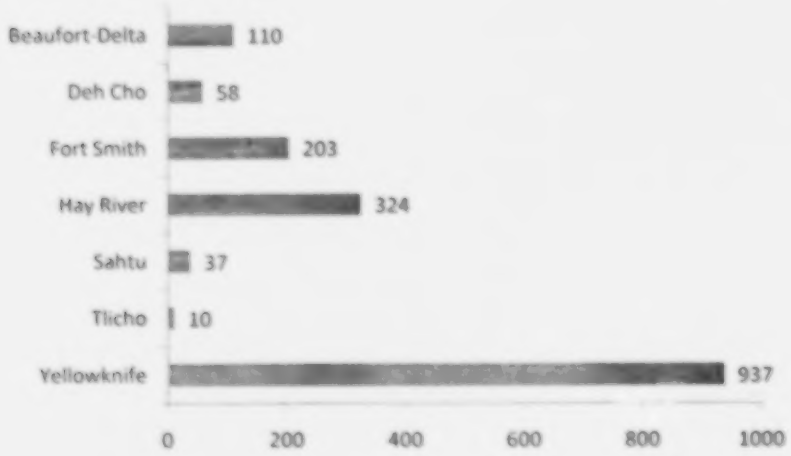
B. Extended Health Benefits for Seniors

Who is accessing this program?

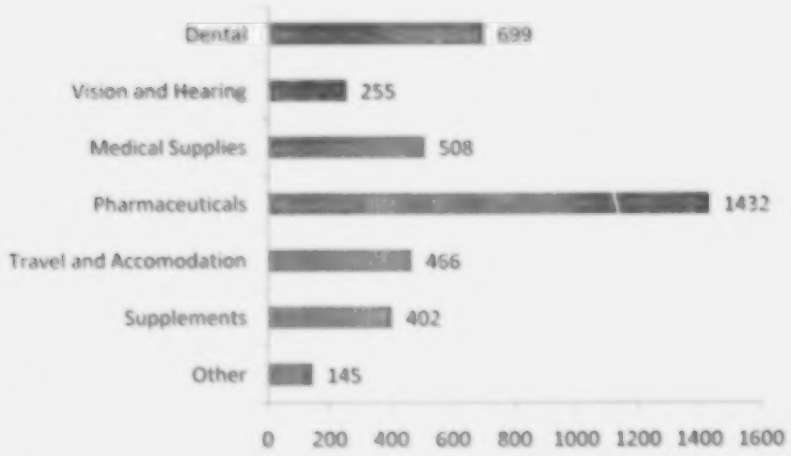
1, 681 Northerners over the age of 60 accessed this program in 2008-09.

Where do Northerners using Extended Health Benefits for Seniors live?

The number of Seniors accessing this program by Health and Social Services Authority were as follows in 2008-09:



What are Seniors accessing this program for?

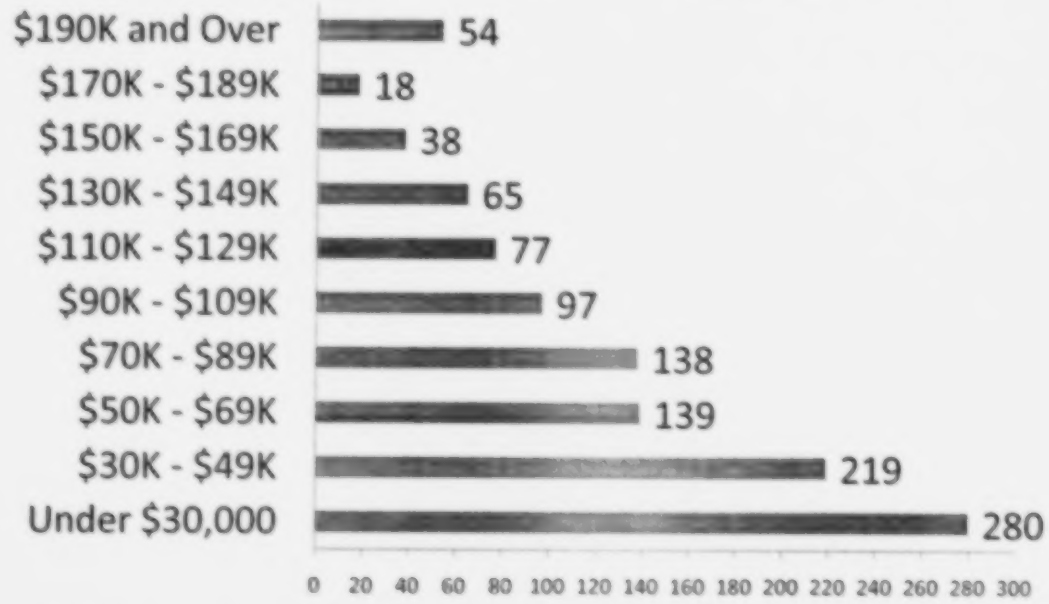


The majority of claims by seniors in this program were to assist with the cost of drugs, dental care, and medical travel.

What kinds of families are accessing these programs?

Of Northerners over the age of 60 accessing the program, about 42% were single, 54% were married without children at home, 3% were two-parent families with children at home, and less than 1% were single-parent families.

What is the family income range of people accessing this program?

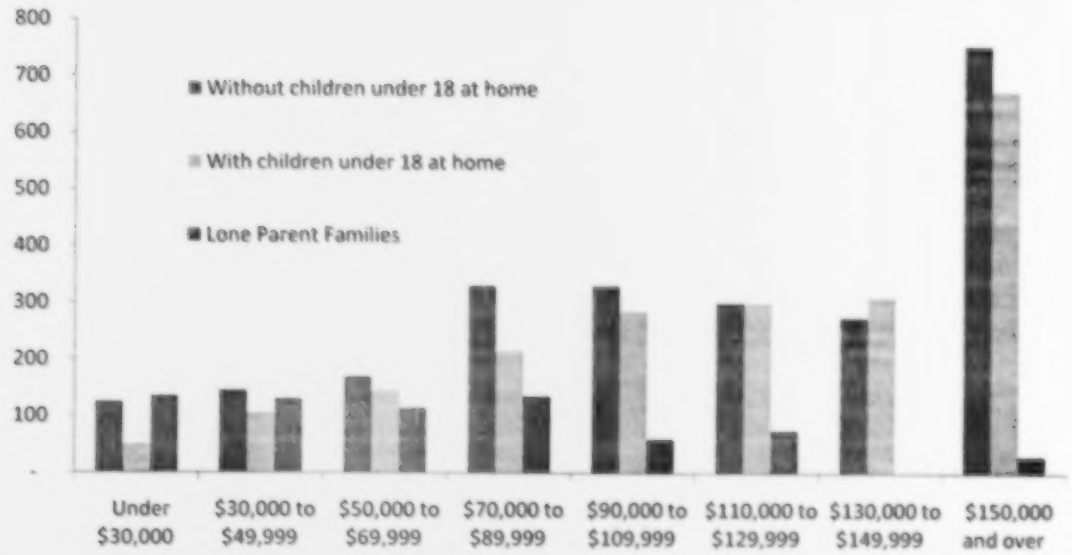


About 40% of people accessing the program also had another type of insurance plan from their employer or another source. Individuals claiming benefits must first seek reimbursement from their own insurance if they have it.

7. What do we know about those that are not accessing these programs?

Based on 2006 Census information, we know that there were about 5200 non-Aboriginal families in the NWT in that year.

Non-Aboriginal Families in the Northwest Territories by Income Range



Of those families, about 35% had an income of below $90, 000. Unfortunately, we don't know how many of these families had access to third party insurance, or paid out of pocket for uninsured health benefits.

What we do know from correspondence we receive from Northerners is that there are some Northern families that are ineligible for existing supplementary health benefits and that are choosing to go without uninsured health benefits such as dental checkups.

8. Why are we talking about Uninsured Health Benefits?

There are a number of things we need to change about Uninsured Health Benefits:

A. All families should have fair and equal access to Government of the Northwest Territories-funded programs that assist with the cost of uninsured health services.

Existing Uninsured Health Benefits help some people, some of the time. People that could afford to pay some form of co-payment are not paying anything, while other lower-income Northerners are ineligible for the program.

B. The structure of these programs can be confusing. This makes application for benefits or claims frustrating for some Northerners.

We need a clear policy that is easily applied to all Northerners, so that the system helps people, without frustrating them.

C. We need a program that provides help to those who are most in need, while maximizing our limited resources.

There are a number of things that we need to be clear we are not talking about as part of this review of programs:

- Non-Insured Health Benefits (NIHB) provided by the Government of Canada are not part of the Supplementary Health Benefit discussion.
- Métis Health Benefits are not part of the Supplementary Health Benefit discussion.
- We are not looking at changes to the basket of services that are covered through Supplementary Health Benefits.

Kispin ki nitawihtin ā nihiyawihk ōma ācimōwin, tipwēsinēn.

Cree

Ɂerihtł'ís dëne sųłiné yatı t'a huts'elkër xa beyéyatı theɂa ɂat'e, nuwe ts'ën yółtı.

Chipewyan

If you would like this information in another official language, call us.

English

Si vous voulez ces renseignements en français, contactez-nous.

Français

Jii gwandak izhii ginjik vat'atr'ijahch'uu zhit yinohthan jì', diits'àt ginohkhìi.

Gwich'in

Hapkua titiqqat pijunnagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

ᑕᕐᕋ ᑎᑎᖅᐃᑦ ᐱᓕᒍᐃᑦ ᐃᓄᖅᑐᓂᖏᓪᓗᓂᑦ, ᐅᑦᑎᖅᓄᑦ ᐅᖃᓕᒫᒃᑯᑦ.

Inuktitut

UVANITTUAQ ILITCHURISUKUPKU INUVIALUKTUN, QUQUAQLUTA.

Inuvialuktun

K'éhshó got'ıne xǝdǝ k'é hederı ɂedıhtl'é yerınıwę nídé dúle.

North Slavey

Edı gondı dehgáh got'ıe zhatıé k'ǫ́ǫ́ edatł'éh enahddhę nıde.

South Slavey

Thcho yatı k'ǫ̀ǫ̀ dè wegodı wek'èhodzo nǫǫwǫ dè, gots'ò goahdè.

Thcho

1-867-920-3367